

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

DATAMASTER MAINTENANCE REPORT

RECEIVED By Carol Day at 2:13 pm, Feb 13, 2014

	-			
Complete this report at the time of the regular monthly preventive in Complete this report whenever the instrument is serviced or repaire Retain the original and send a copy within 15 days to the Broath Al	ed and whenever it is placed into service.			
DATAMASTER SN NAME OF AGENCY 931124 Bowling Green Police Department	0ATE OF INSPECTION 02/10/2014			
LOCATION OF INSTRUMENT (STREET AND CITY) 15 West Church Street, Bowling Green	TIME OF INSPECTION 5:11 pm			
CHECKLIST: Place a mark in the box by each item if found to be sati	sfactory or if operating within established limits. (Write in observed values			
where determined.) Unmarked items must be corrected before usin				
DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) 02-10-2014, 17:11			
☑ COMPUTER	☑ DETECTOR			
☑ PROGRAM	☑ FILTERS			
HEATERS SAMPLE CHAMBER 48°C	☑ QUARTZ STANDARD			
☑ FLOW DETECTOR				
☑ PUMP HIGH SPEED				
✓ INDICATOR LIGHTS				
SIMULATOR SOLUTION SUPPLIER Guth Labs, Inc.	LOT # 13290 EXP. DATE 10/29/2015			
SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C S	MULATOR SN SD 2507 EXP. DATE _01/16/2015			
☐ CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE U	SED PER MAINTENANCE REPORT)			
Run three tests using a standard solution. All three tests must b less. Mark the box corresponding to the standard solution being	e within ±5% of the standard value and must have a spread of .005 or used, (PRINTOUT ATTACHED)			
O.100% STANDARD - MUST READ BETWEEN 0.095% AND O.080% STANDARD - MUST READ BETWEEN 0.076% AND O.040% STANDARD - MUST READ BETWEEN 0.038% AND	0.105% INCLUSIVE 0.084% INCLUSIVE			
TEST 1 ★ .098 TEST 2 ★ .099	TEST 3 ★ .099			
PERFORM R.F.I. TEST (PRINTOUT ATTACHED)				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)				
REFUSALS 0 (004) 0 (.0509) 0	(.1014) 1 (.1519) 1 OVER .19 0			
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE T (USE OTHER SIDE IF NECESSARY).	O RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS			
Simulator checked on January 16, 2014 by Dan LucasMO S	afety Center			
INSPECTING OFFICER				
SIGNATURE I SOME # 530	PRINT FULL NAME R.E. Owen			
TYPE II PERMIT NUMBER EXPIRATION DATE 220303 09/25/2014	TELEPHONE NUMBER (573) 324-3200			
Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office 2875 James Blyd. Poplar Bluff, MO 63901				



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

BAC DataMaster Evidence Ticket

Operator Signature

--- DIAGNOSTIC CHECK -

COMPUTER:

OKAY

PROGRAM (04-07-2009):

OKHY

HERTERS

SAMPLE CHAMBER:

48c

FLOW DETECTOR:

OKAY

PUMP

HIGH SPEEDS

OKAY

DETECTORS

OKAY

FILTERS:

OKRY

QUARTZ STANDARD:

OKAY

CALIBRATIONS

OKPY

PRINTER TEST

! "#\$%%'()*+,-./0123456789:;<=>?eABCDEF6 HIJKLMMOP@RSTUVWXYZ[\]^_'abcdefahijklmno Parstuwwxyz(|)ae

N = 3 SIM, = _1 AV6. = .6986

TESTING OFFICER: DIEN/R/E OFFICER 1.D.: 538 PERMIT NUMBER: 220303 EXPIRATION DATE: 09/25/14 MISCELLANEOUS DATA: MAINTENANCE CHECK

- SUPERVISOR MODE ---

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BLANK TEST		.000	i.	17:25
INTERNAL STANDA	KD .	VERIF:	IED	17:25
EXTERNAL STANDAR	(D	.098		17:25
BLANK TEST		. 000	1.1	17:26
EXTERNAL STANDAR	i)	.999		17:26
BLANK TEST		.000		17:27
EXTERNAL STANDAR	D	.899		17:27
JBLAKK TEST		ម៉ែកែក	-17 7 7	17:00

ıtor Signature

Operator Signature

State of Missouri DEPARTMENT OF HEALTH



PERMIT TYPE II



RODNEY E OWEN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date09/25/2012	when
Number 220303	Director of State Public Health Laboratory
Expires 09/25/2014	Mayart T. Drivelly
MO 580-0771 (7-88)	Director, Department of Health Lab. 4 (R7-86)